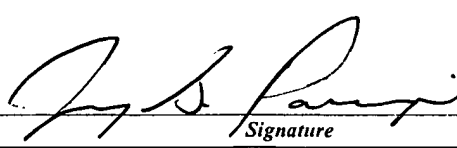
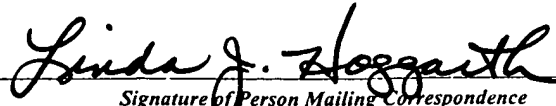
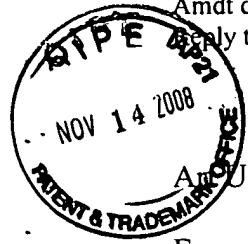


| | | | | | |
|---|-------------------------------------|-----------------------------|--|-----------------------------------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 19339-104412 | |
| Applicant(s): Mooney et al. | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. |
| 10/573,105 | 3/23/2006 | Morrow, Jason S. | 28886 | 3612 | 7683 |
| Invention: PIPE PANORAMIC RETRACTABLE TOP | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 28 - | 27 = | 1 | x \$52.00 | \$52.00 |
| INDEP. CLAIMS | 6 - | 4 = | 2 | x \$220.00 | \$440.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$492.00 |
| <input type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  Signature | | | Dated: 11/12/08 | | |
| Jay S. Paranjpe, Reg. No. 45,486 Clark Hill PLC 500 Woodward Avenue Suite 3500 Detroit, MI 48226-3435 (313) 965-8897 | | | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>11/12/2008 (Date)</p><p> Signature of Person Mailing Correspondence</p><p>Linda J. Hoggarth Typed or Printed Name of Person Mailing Correspondence</p></div> | | |
| 11/11/2008 GFREY1 00000002 10573105 | | | | | |
| 01 FC:1615 52.00 OP | | | | | |
| 02 FC:1614 440.00 OP | | | | | |
| CC: | | | | | |

Appl'n No: 10/573,105
Amdt dated Nov. 12, 2008
Reply to Office action of Oct. 3, 2008



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3612

Confirmation No. 7683

Examiner: Morrow, Jason S.

Applicant: Mooney et al.

Serial No.: 10/573,105

Filing Date: March 23, 2006

Title: PANORAMIC RETRACTABLE TOP

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office action mailed October 3, 2008, please amend the above-captioned patent application as set forth below.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.